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VD Problems of Negro Enlisted Men
in MTCUSA

Report 122 M-2

Prepared for
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by
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INTRODUCTION

1. This report for Negro enlisted men is a supplement to the report, VD Problems of White Enlisted Men in MTOUSA (Report 122 M-I). The only data reported in detail in this supplement are those where Negro and white troops are strikingly different. Therefore the report for white EM contains many topics not discussed here because the Negro data do not change the story.

2. This report is based on a survey of 863 Negro EM. It was made at the same time that the survey of white troops was made under exactly the same conditions as those outlined in the main report, with the exception that all assistants to the class leader were Negro EM. In administering the questionnaire all introductory speeches were made by trained white EM from the staff of the Research Branch, but aid to men on low literacy levels or others who might have questions was supplied individually by Negro EM trained for that purpose prior to the work in any Negro outfit.

3. The Negro data are treated separately because it soon becomes apparent that the Negro soldier is up against a different situation and he reacts to it differently than the white soldier. His sexual contact rates and VD (venereal disease) rates are so different that any average of the two is quite meaningless.

I. MAIN FINDINGS1. Frequency of Sexual Intercourse

- ...96 per cent of the Negroes say they have had intercourse in Italy. (Their average overseas tour is about 16 months.)
- ...their average frequency of intercourse is 2 to 3 times per month.
- ...when age, education, or marital status is held constant, it is still true that Negroes are more likely to have had intercourse in Italy than whites, and to have had it more frequently.

2. Sexual Exposure and VD

- ...54 per cent of the Negroes say they have had VD sometime in their life, with 21 per cent reporting one or more infections since coming overseas (not necessarily Italy). (White figures; 15% and 8%, respectively).
- ...16 per cent of the men who have been infected overseas have been infected more than once while overseas (whites, 10%).
- ...approximately 7 cases of VD arise from each 1000 sexual contacts made by Negroes in this Theater (whites, 4 per 1000).

3. Preventive Practices of the Men

- ...although Negroes constitute only about 15 per cent of Theater strength, they contributed 36 per cent of the VD in the Theater during the months just preceding the study (May and June 1945).
- ...there is no indication that this is due to inferior prophylactic practices, for 65 per cent of Negroes (as compared to 43 per cent for whites) say they always use both condom and Pro.
- ...Negroes are less likely to "shack up" all night.
- ...Negroes are much more likely to say they must carry a rubber or Pro-Kit when on pass.
- ...Negroes are less likely to say they drink before having intercourse.
- ...Negroes indicate that they are less tolerant of a man who gets VD.

4. The Probable Cause of Higher VD Rates per 1000 Exposures Among Negroes

- ...as the Negroes point out in numerous freely written comments, the heart of the problem seems to be that the women to whom they have access are much more likely to be diseased on the average than the women that white contact.

5. Other Differences Between Whites and Negroes

- ...Negroes hear many more VD talks and see many more VD movies than whites
- ...although they get to town on pass as frequently as whites, Negroes get fewer overnight passes.
- ...when on pass, they are more likely to say they look for a woman and less likely to say they look for liquor than whites.
- ...they are more likely to think penicillin is a sure cure for VD than whites, but both groups lack information on this point.

NOTE: The Conclusion to this report will be found on Page 16.

II. DETAILED FINDINGS1. Frequency of Sexual Intercourse

Practically all, 96 per cent, of the Negroes in this cross-sectional study report that they have had intercourse in Italy, whereas 73 per cent. of white EM report intercourse in Italy. These facts are of major importance in understanding the higher VD rates that almost always characterize the Negro EM. When whites and Negroes are compared age by age, educational level by educational level, or marital status by marital status, it is found that the Negroes still are more likely to have had intercourse, and that they have intercourse more frequently than whites. It should be noted, too, that Negroes have been overseas an average of slightly under 16 months as compared to 21 months for whites. At the end of 16 months, it can be safely assumed that there would have been somewhat under 73 per cent of the whites saying that they had had intercourse in Italy, which would make the disparity between whites and Negroes even greater for any equivalent time period.

The Negroes who have had intercourse in Italy say they have had relations an average of 2 to 3 times per month, which is a higher rate of intercourse than that reported by whites (2.5 times per month for Negroes; 1.75 times per month for whites). One Negro in five says that he has relations at least once a week, as shown in Table 1:

Table 1

Per cent saying...	Negro EM 100%	White EM 100%
At least once a week	21	10
Three or four times a month	21	8
Once or twice a month	43	34
Less than once a month	11	21
Not since I've been in Italy	4	27

This pattern of more frequent intercourse among Negroes can be expected to persist, for 91 per cent say they "expect" to have intercourse, or they "might" have intercourse in the future while in Italy.

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2. Sexual Exposure and VD

a. Extent of VD. Fifty-four per cent of the Negro soldiers have had VD some time in their lives (whites - 15%), and 21 per cent of the Negroes have had VD while overseas (whites - 8%):

Table 2

Men reporting one or more infections...	<u>No. of Cases</u>	<u>Per cent</u>
Total overseas infected men	(182)	(21.1)
Overseas only	85	9.8
Overseas & in garrison* both	35	4.1
Overseas & in civilian life	41	4.8
Overseas, garrison & civilian life	21	2.4
Total infected men prior to overseas	(286)	(33.2)
Garrison only	66	7.6
Garrison & civilian life both, but not overseas	48	5.6
Civilian life only	172	20.0
Men not infected, or No answers**	<u>395</u>	<u>45.7</u>
Total	863	100.0%

*Garrison is defined as prior to overseas but while in the Army.

**About 5 per cent of the men failed to answer the question. It cannot be assumed that all of these men have had VD, and are merely avoiding the question because many of them show low levels of literacy. Since they were all included in the table with the non-infected men, the 54 per cent who have been infected is conservative.

Sixteen per cent of these Negro soldiers who report an infection while overseas say they have been infected more than once while overseas, with an average of 1.3 infections per man in the group that has been infected while overseas. When the total number of infections they report is converted into 1000 men per annum a rate of 213 is obtained, which compares very closely with the Theater average rate of 219, as computed from medical reports. ^{2/}

a/ The survey rate of 213 cases of VD per 1000 men per annum was obtained by reducing the total number of infections reported while overseas from a 16-month basis (which is the median number of months served overseas by these men) to a 12-month basis, and converting to a rate per 1000 men. The Theater rate of 219 is a simple arithmetic average of the rates reported for the period January 1943 through June 1945, which covers the period of overseas service for almost all of the men in the study, with a correction of 9.3 per cent applied to compensate for the fact that men who are diagnosed as having two or more types of VD at the same time are counted as two or more men in the appropriate tables of types of VD. This corrective factor for Negro EM was supplied by the Preventive Medicine Branch on the basis of a statistical study made by them. No attempt was made in the survey to differentiate between types of VD, nor were the men asked if they had more than one type of VD at the time of diagnosis.

The fact that the survey rate of 213 per 1000 per annum almost coincides with the Theater rates is an indication that this sample of Negro EM is representative of the men in the Theater, and that the men feel free to report intimate matters under the anonymous conditions of this questionnaire. This is a very important matter, for the Negro soldier is frequently reminded of his high VD rate in talks or lectures on VD, and could conceivably be very defensive and reluctant to tell the truth. This would be especially true if the circumstances under which he was being questioned suggested to him that there might be some sort of retribution should the facts about his individual behavior become known.

b. Relation of exposure to VD. Among Negro EM, there are about 7 cases of VD per 1000 sexual contacts, which is considerably higher than the 4 per 1000 for white EM. a/

As was true of white EM also, those men who have most frequent contact overseas have lower VD infection rates per 1000 contacts. Because they expose themselves much more frequently, however, the men, both whites and Negroes, who have most sexual contact have accumulated the largest proportion of VD during their entire overseas tour of duty.

The general relationships between frequency of exposure and VD are the same for whites and Negroes. The important difference is in the higher proportion of Negroes who make sexual contacts and in the higher VD rate that results from each 1000 exposures. These need further examination.

a/ When the Theater strength of approximately 65,000 Negro EM during May and June (period for which most of the men were reporting frequency of sexual contact) is multiplied first by 96 per cent (proportion who have intercourse), second by 2.5 sexual contacts per man, and then by 7 cases of VD per 1000 contacts, it is estimated that about 1090 cases of VD should appear among Negro EM for one month in that period. In May and June an average of 1070 cases was actually reported by unit surgeons. This is substantial proof that both the rate of sexual contact as reported by the men themselves and the rate of 7 cases of VD per 1000 exposures are reliable.

3. Preventive Practices of the Men

In view of the fact that Negro EM constituted only about 15 per cent of the Theater strength but contributed 36 per cent of the VD in the Theater during the months just preceding the study (May and June, 1945), it is possible that their preventative practices are the answer to the problem. However, a striking fact of this survey is that Negro EM indicate that they have better prophylactic habits than do whites (Table 3):

Table 3

Proportion who...	<u>Negroes</u>	<u>Whites</u>
<u>Always use a rubber AND,</u>		
Always take a Pro	65%	43%
Perhaps take a Pro	15	25
Usually don't take a Pro	1	7
<u>May or may not use a rubber AND,</u>		
Always take a Pro	7	9
Perhaps take a Pro	11	12
Usually don't take a Pro	<u>1</u>	<u>4</u>
Total	100%	100%

There is a possibility that the Negro who says that he uses prophylaxis may still not use it as well as the white soldier, and that this accounts for all or part of his excessive VD rate per 1000 contacts. So far as the data of the survey are concerned, however, such a judgement is purely speculative. The indirect evidence of the study would suggest that the Negro probably knows how to use the procedures of prophylaxis as expertly as the whites for several reasons:

- (1) The techniques are not complex
- (2) He has seen the techniques demonstrated over and over again in movies especially - much more often than whites in fact, as will be shown later
- (3) When it comes to exact information on VD, he scored as high on a 7-question quiz as did whites in spite of a lower average educational achievement, probably because he has heard the material repeated so often.

As was true of whites also, those men who have the most frequent intercourse and those who have had VD are more likely to say they don't always use the double precaution of condom and Pro, but none of the Negro sub-groups just referred to are ever as likely as whites to indicate that they don't take the double precaution

There are other lines of evidence pointing to the fact that Negroes have at least as good prophylactic habits or sexual practices as whites. Very briefly they are:

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a. Negroes are definitely less likely to "shack up" all night with a girl than whites, which should work toward a lower VD rate per 1000 contacts. Among those who have intercourse in Italy, 67 per cent of whites and 82 per cent of Negroes say they "usually just stay a short time" with the girl. Therefore, the Negro would generally be better able to reach a Pro Station within 2 hours after intercourse.

b. Whereas only 12 per cent of white troops said that "Everybody must have one (rubbers or Pro Kits) before he goes on pass", 42 per cent of Negroes checked that response. Any excessive VD among Negroes cannot be traced to inaccessibility of supplies.

c. Negro and white EM are equally likely to say they drink in Italy (about 90% in each group), and those who say they drink most are also more likely to say they have intercourse very frequently. However, Negroes are much less likely to say they have a drink just prior to having intercourse (Table 4):

Table 4

Question: "When you have intercourse over here, do you usually have a couple of drinks first?"

Proportion saying...	Among men who have had intercourse in Italy	
	Negroes	Whites
Yes, I usually have a couple of drinks first	10%	25%
About half the time, I have a couple of drinks first	15	23
No, I hardly ever drink before sexual intercourse	41	30
No, I never drink before having sexual intercourse	34	22
Total	100%	100%

d. Negroes are less likely to be tolerant than whites of a man who gets VD. While 30 per cent of Negroes say they would hold it against such a man whether or not he went on sick call right away, only 15 per cent of whites made that reply. Thus, there is somewhat more social pressure among Negroes leveled at the man who is careless.

4. The Probable Cause of Higher VD Rates per 1000 Exposures Among Negroes

In spite of all these lines of converging evidence which should make for a lower rate of VD per 1000 sexual contacts, the Negroes' rate of 7 cases per 1000 exposures in this Theater is almost double that of the whites (4 per 1000). As was mentioned on page 18 of the report for white III, the difference seems to be due chiefly to the fact that the women to whom the Negroes have access are much more likely to be diseased. Consequently, when prophylaxis fails or if the men do not take the precautions necessary, then they are much more likely to be infected.

Many of the Negroes are well aware of this problem and in the blank space provided at the end of the questionnaire for further "comments, criticisms, or suggestions that you haven't had a chance to write about already", the problem of infected women was one of the main themes. As they see their problem, the Negroes' inability to have contacts with clean women is chiefly due to MP activity and to the remarks of white soldiers to the native girls which lead the more desirable women to avoid Negroes. They claim that if white III would not arouse racial prejudice and if MP's would treat all soldiers alike, their VD rate would be no higher than that for white III, if as high. The following comments are typical of the range of remarks written by the Negroes:

"How to stop VD? Stop segregation - period."

"This survey or any other does not explain the reason for high VD rates among negro troops. There are other principles which must be understood. Negro combat troops are new arrivals in Italy and our fellow "white" soldiers have so influenced the better group of civilians that nothing is left but the poor diseased Italian trash and all men will indulge in sexual affairs regardless. It is not matter of our not knowing so much as it is that we have no alternative. O.K., put us in the woods - "jim crow" us to the civilians - and the American Army will remain disgraced. With your cooperation, though, we can wipe out V.D. Frankly, white officials have not dealt seriously so much with the control of V.D. as they have to keep us away from these Italian women. To combat V.D. it has not worked and you have failed. We are human, you know, and we do human things."

"Now as to the association of soldiers and Italian women: I have found that there has been a certain bit of propaganda and just plain lies concerning colored soldiers. This was done to increase the association with the less desirable type of woman than anything else. For instance, in Florence, the girls who are invited to the Rest Center were told that if they were seen dancing or otherwise associating with colored soldiers, they would never be allowed to return to the Rest Center. This I got from one of the girls who had been so "outcasted". This is both unfair and very detrimental to the morale of the colored soldier."

"The reason that so many soldiers have come in contact with V.D. is because when a fellow meets a nice girl from a nice family he likes to walk and talk with her and not always at home. But around here when a Negro soldier takes a girl out the MP's look upon her as a whore. They take her down to have a physical examination of her, which she does not like. Then a lot of the better class girls are afraid they might have to do the same thing, so most of the soldiers turn to whores which brings about a higher rate of VD."

"The one thing I would like to suggest is that our white brother, who in turn calls himself an American and fought this war to preserve the term democracy or its sacred meaning, would refrain from telling the Italian people that the Negro is no good. On many occasions the civilians ask us why our white brother speaks in such belittling terms of us, when in turn they observe our race and are not able to recall the bad they claim we possess. Remember, they witness the dying of our dark brothers also."

"I would like to state here that the treatment in the Fifth Army Rest Centers has been almost totally fair. There has been some outward signs of resentment when dances are held but even that shows signs of alleviation. It could help a lot if the 'blue-blooded' Americans would stop their wagging tongues in undermining the negro. Their incessant 'soldati neri sono pacci buoni' (the Negro soldier is not much good) does more towards the upheaval in this division of the VD rate than anything else. The better type girls are afraid of the insidious propaganda spread by our white soldiers. Therefore, if a drive to stop outlandish slanderings were started, we could stop the rush to the 'casinos' because there they draw no line. How about it?"

"I must criticize my fellow soldier, the white soldier, who goes around telling these Italian people about the American negro soldier. I think it is the lowest, the worst, a man can do. For it leaves me so, if I do want a girl or a friend, I must pick on what they have left over or something to that effect, so that lots me in for more venereal disease and so many other headaches. Let us pull more together and it will be better for me and my race."

"I feel that men would pay more attention to their health if they were permitted to visit in more or less decent homes without being molested by MP's. Also, if men were permitted to ride their civilian girl friends to and from parties and dances, a better type of girl would be attracted to these affairs."

"I believe that the VD rate would be lower if the MP wouldn't classify all of the civilian girls as prostitutes that are caught with a colored soldier. Please note."

"If there could be something done about the gossip against the negro soldier to the Italian people, then a man wouldn't have to have sexual intercourse in the woods, or with anything that he may find. Personally, I haven't seen a (monkey) tail on any human, and it really hurts to hear those damned Italians ask where is it. With rumors like that, how can I associate with anything but the scum of Italy, and this is the reason that we have such a high rate in VD. You figure it out."

"If the false rumors about the negro soldiers were wiped out it would be much better for him to get along without a high rate of VD. These awful rumors are spread by our American white soldiers, which only shows ignorance on their part, for the negro is not to be laughed at or pitied, for he is an intelligent man. Resulting from these rumors, the colored soldier has to resort to the 'scum' of the women, or to have a sexual intercourse which he knows even before he starts is usually a VD test, thus making our VD rate slightly higher than most troops."

In view of the facts, (1) that the Negro soldiers entered the Theater free of VD, as did the whites, (2) that they indicate that they have as good or better preventive practices as the whites, and (3) that they have definitely higher VD rates than the whites, the Negroes' claim that the much higher rates are the result of discrimination seems basically correct. It should be added, however, that as long as the Negro has more frequent sexual contacts than whites, then he would still have more total VD than whites as a result of the extra number of contacts, even if his rate were the same as that of white (4 cases of VD per 1000 exposures rather than 7). If he had access to women who are just as clean as those contacted in this Theater by white EM, it is entirely possible that his better preventive practices, if continued, would offset the risk of the additional exposure to which he subjects himself.

The possibility that the Negro soldier is not telling the truth about his present prophylactic practices can be discounted in view of two factors:

(1) It was demonstrated previously that he was telling the truth about his frequency of sexual intercourse and the number of times he has had VD. These admissions are just as damning as admissions of inadequate prophylactic habits, should he feel that the survey was some sort of trap to catch him, personally. The frankness of the above free comments and many others not used in this report also indicate little fear on the part of the writers about possible consequences.

(2) The Negro knows that he is contacting women who are very likely to be diseased, and the fact that he reports better prophylactic practices than whites is to be expected.

5. Other Differences Between Whites and Negroes

There are certain other attitudes and practices associated with VD which have been discussed at length in the main report. The items that follow indicate those points where whites and Negroes differ significantly:

a. Negro soldiers are much more likely to say they thought the last movie on sex hygiene and VD was "very good" (Negroes - 75%; whites - 44%). This was also true of the percentage saying the last talk or lecture was "very good" (Negroes - 68%; whites - 36%). This highly favorable reaction exists in spite of the fact that Negroes recall seeing more VD talks and movies than whites. While the average (median) white soldier said he had heard one talk and had seen one lecture in the previous six months, the average Negro reported about four movies and 10 talks on VD.

b. The only important difference between white and Negro TM in the way they make contacts with women in Italy is that Negroes are definitely more likely to say that, "I found her house or apartment by myself." Whereas 13% of white TM said that, 26% of Negroes did. This indicates a greater regularity of sexual contact among Negroes than was true of whites.

c. Negroes are able to get to a town or city on passes as frequently as whites, and they are as likely to say they got a fair share of passes. However, they get fewer overnight passes than whites (10% of whites and 30% of Negroes have never had an overnight pass in Italy), but it is possible that Negroes request fewer overnight passes. Regardless of why this happens, it indicates that Negroes will have fewer "back jobs" and thus less exposure under these prophylactically undesirable conditions.

d. When they are on pass, Negroes frankly state that the search for women is the most common activity. Table 5 gives a summary of freely written comments on what they do when on pass for those items where whites and Negroes are significantly different. Whereas whites say they search for liquor and movies most frequently the Negro's chief comment was about looking for women:

What men say they do when on pass*...

	Negroes	Whites
Look for a woman	45%	31%
Look for liquor	32	40
Go to Red Cross Club	30	24
Go to movies, opera, shows	20	40
Go on sight-seeing tour	17	24
Walk around town	17	24

* Since the men could indicate any number of activities while on pass, the percentages total more than 100.

c. Negroes are less likely to suggest that the Army should sanction prostitution outright and take steps to control it in their response to the question, "What do you think is the best thing that could be done to keep the men from getting VD?" Whereas 31 per cent of whites make the suggestion, only 15 per cent of Negroes do. Instead, Negroes are more likely to emphasize carefulness and the traditional double precaution - use a condom; take a Pro (Negroes - 33%; whites - 17%).

6. Ways in Which Whites and Negroes Are Alike

Ordinarily, if two groups react alike to a series of questions, it is sufficient to state the general fact and ignore the detail. This will not be done in this section, however, because of the fact that some expected differences between whites and Negroes on many of the items failed to appear. A good example of this is item (a), that follows. Other items are included in order to complete the story as briefly as possible:

a. Negroes score just about as well on the 7-question VD information test as whites. While 90 per cent of whites got 4 or more right answers, 88 per cent of Negroes did. While the two groups are alike on total score, there is one question that stands out as an area in which both whites and Negroes seem to need education, but especially the Negro. That question asked, (a) "Have you heard or read about the new drug (penicillin) that is being used to treat venereal diseases?", and (b) "So far as you know, can it cure all cases of gonorrhea and syphilis?" Only 50 per cent of whites and 30 per cent of Negroes got the pair of answers which are considered correct for the quiz ("Yes" to the first question and "No" to the second). This is a poor showing.

Conversely, 22 per cent of whites and 30 per cent of Negroes said that penicillin will cure all cases of gonorrhea and syphilis. The remaining men indicated that they either had not heard of the drug or did not know what it could do. These men who say positively that the drug will cure all cases of VD are a real problem for medical educators. It cannot be said that these men are relying only upon a quick cure, and are not using any prophylaxis, but it is possible that many of the men now have a feeling of security which leads them to carelessness in foreplay or afterplay if not during the actual act of intercourse. Some of the men insist that they have been told by medical men that penicillin will indeed cure all cases of VD. If they have been told this by Army or civilian physicians, then marking their answers to this question as incorrect on the quiz was an injustice to the men, for they have no recourse but to rely upon authority. It is quite likely, too, that they would prefer to believe that penicillin will cure all cases of VD if some medical men say that it will. This is an area of confusion which properly deserves attention from medical educators.

b. There is no important difference between whites and Negroes in the proportion who say they pay cash for intercourse (whites - 72%; Negroes - 76%), or in the proportion who definitely pay with cigarettes, food, or clothing.

c. Married Negroes have less frequent intercourse than single Negroes, older Negroes have less than the younger, the college bred less than those on lower education levels, church members slightly less frequent intercourse than non-church members, and Northern Negroes slightly less than Southern. As was true of whites on these same points, none of these differences were very large; they in no way wipe out the fact that the great majority of men in any of the various groups have intercourse while overseas.

d. With time overseas, the frequency of sexual contact and the per cent reporting VD builds up, as was true of whites.

e. Sergeants report less frequent intercourse and less VD overseas than corporals or privates as was true of whites, too. This is not an important finding in view of the likelihood that they are older, more likely to be married, and especially due to the fact that many ex-sergeants say they were "busted" because they had contracted VD. Now they are privates or corporals, and the infection is charged statistically against the lower rank. That this matter of "busting" may be a minor matter is indicated in the following comment by a Negro sergeant:

"In this battalion a man that catches a venereal disease is always busted and very often court martialed for that reason. He will try and cure it himself rather than turn it in."

f. Although there is a greater proportion of Negroes who say they left a girl behind whom they expect to marry (Negroes - 56%; whites - 42%), it is a fact that having a "loyal" sweetheart does not stop the majority of this group from having intercourse. This is as true for whites as it is for Negroes.

g. Negroes who say they usually drink before intercourse have picked up significantly more VD while overseas, as was true of whites also. Related to this is the fact, as was true of whites, that they are much less likely to say they have good prophylactic habits. More important is the fact noted in item (c) of section 3 which points out that fewer Negroes say they drink before intercourse, which tends to reduce the danger for Negroes.

h. Negroes are as likely as whites to have bars in their units or somewhere "on limits" which they can patronize.

i. Negro outfits apparently have somewhat more dances or parties than white outfits (Negro - 44% have them once a week or more; white - 34%).

j. There are no significant differences in the requests of the two groups for more diversionary activities except that Negroes were more likely to request "Classes in different school subjects and training for civilian jobs", while whites more frequently requested "More movies."

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III. CONCLUSION

The Negro soldiers have more frequent sexual contacts than white soldiers in Italy. That is a cardinal fact making for higher VD rates per 1000 soldiers even if it were true that their VD rate per 1000 sexual contacts were the same as whites. Just why the Negro has more intercourse is a matter of speculation the survey provides no data on this subject.

His higher VD rate per 1000 soldiers is due to a combination of his more frequent sexual contact and the additional likelihood that he will contact women who are diseased. It is probable that his better prophylactic habits offset a proportion of this additional hazard, and it is possible that if the women to whom he had access were as free of disease as are the women to whom the whites have access, the Negro's better prophylactic practices (if continued) would offset the greater risk occasioned by his tendency toward greater frequency of intercourse.

The Negro soldier seems to be as well informed as the white on the facts and problems of VD. Therefore, if the task of getting him to reduce the frequency of his sexual intercourse seems unlikely to produce results, the big steps for reducing VD that were suggested in the Conclusion to the white report are equally applicable to the Negro. In addition, the Negroes' own suggestion that their situation with regard to VD could be improved if MPs treated them and the girls with whom they are seen in exactly the way they treat white soldiers who are seen with girls has considerable merit if the Army wants to reduce VD among Negroes. If it is true that Italian girls who are seen with Negro troops are likely to be taken by MPs for a physical examination simply because they are with Negro soldiers, then indeed the better class of girls will stay away from Negroes and they will have to resort to the women of the weeds, woods, and the out-of-bounds areas.

There is no evidence from the survey that such repressive MP activity reduces the Negro's frequency of contact, but there is evidence that it drives him toward a more infected class of women. It is possible that repressive activity does reduce his frequency of contact, but this is doubtful. It is just as possible that the Negro is stimulated to get around the MPs somehow, since he knows that many of the women of Italy find him quite acceptable sexually, even if the MPs disapprove of it. However, MP activity to date has probably influenced the Italian girl's behavior sufficiently so that it is too late to change her attitudes. Such policy-making with regard to the position and treatment of the Negro soldier would have to come early in the game.

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